

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Stoy's Cafe</i>		Town <i>Neenah, Wis.</i>		County <i>Calumet</i>
	Date of death <i>1905</i>		Month <i>10</i>	Day <i>20</i>	Age <i>8</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Concord Wis.</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>Clarence Cain</i>		Father's Birthplace <i>Ind</i>		
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Edith Williamson</i>		Mother's Birthplace <i>Ind</i>		
	Name of person giving information <i>Clarence Cain</i>		How related to deceased <i>Father</i>		
	CAUSES OF DEATH				
	Primary <i>Acute Enteritis</i>		How long <i>2 days</i>		
Immediate <i>Do</i>		How long <i>—</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Raymond Brown</i>			
		Address <i>Wilton</i>			
Accident or Suicide?					



Name in Full		Bruce Willard Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ridgely <sup>Town</sup>		Caroline <sup>County</sup>		MARYLAND	
	Date of death	1905	Month Oct	Day 25	Age 20	Years 7	Months 18
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	M. W. Green				Father's Birthplace	Pennsylvania
	Mother's Maiden Name	S. A. Burdette				Mother's Birthplace	"
	Name of person giving information	Mrs. Selby Smith				How related to deceased	Sister
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	6 years
	Immediate	"				How long	" "
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						

Jas Cooper

Name  
in  
Full

Angelina Lord

## CERTIFICATE OF DEATH

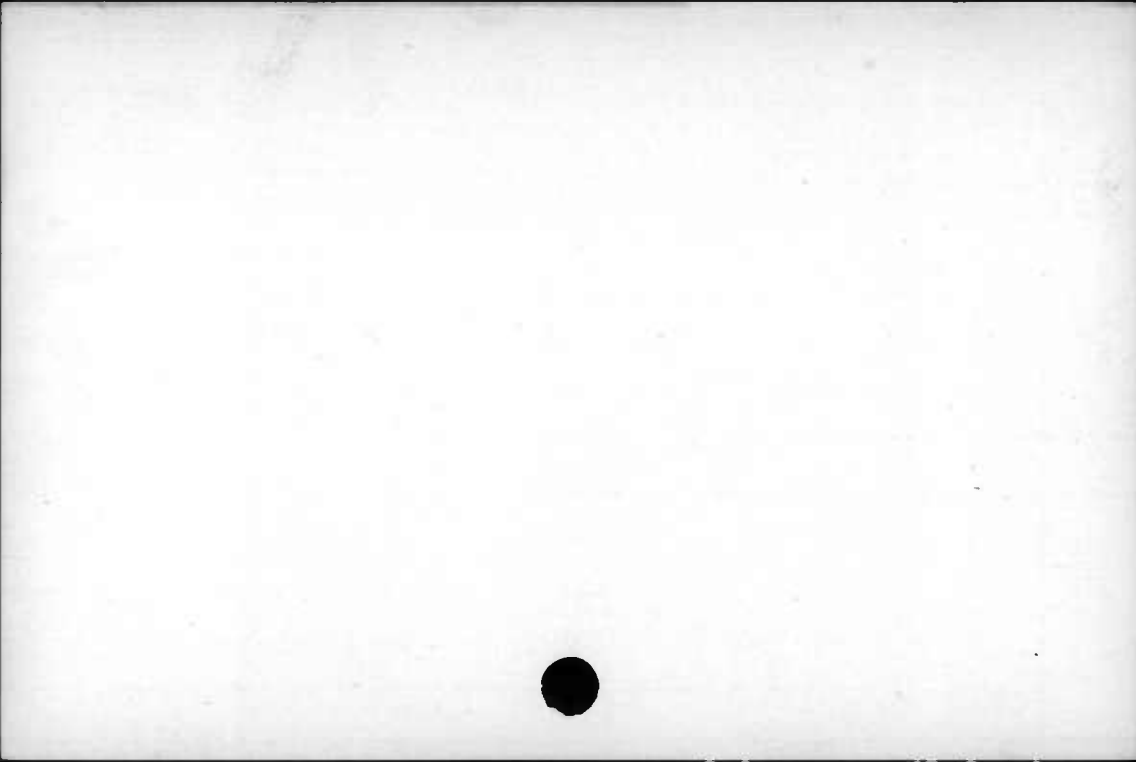
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Denton		County Caroline		MARYLAND	
Date of death		Month 1905	Day Oct	Age 3	Years 67	Months 6	Days -
Sex Female		Color or Race White		Birth-place Delaware			
Occupation Housewife		Where Residing if not at place of death Denton Del					
Married, Single or Widowed Married		Name of Wife or Husband Wm E Lord					
Father's Name Stephen Redden		Father's Birthplace Delaware					
Mother's Maiden Name Mary Short		Mother's Birthplace Delaware					
Name of person giving information Wm E Lord		How related to deceased Husband					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of the Stomach	How long	One year or more
Immediate	Exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. M. G. G.	
		Address Denton, Caroline Co Maryland	
Accident or Suicide? -			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

*John H. Perry*  
 Died *1905* *Oct* *17* *Age* *47* *7* *Months* *Days*  
 Town *Newton* County *Caroline*  
 Sex *male* Color or Race *white* Birth-place *Maryland*  
 Occupation *Steam Boating* Where Residing if not at place of death *—*  
 Married, Single or Widowed *married* Name of Wife or Husband *Maggie Perry*  
 Father's Name *Charles H. Perry* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Ellen Dillon* Mother's Birthplace *Maryland*  
 Name of person giving information *Maggie Perry* (74) How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Abscess of Tumor on brain* How long *5 mo.*  
 Immediate *Nervous Exhaustion* How long *—*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Noble Preston*  
 Address *Md.*  
 Accident or Suicide? *—*





Name  
in  
Full

Richard Pluttsch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Preston		County Coraline		MARYLAND	
Date of death		1905	Month Oct	Day 16	Age Years	Months	Days 26
Sex Male		Color or Race German		Birth- place Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Gustav Pluttsch				Father's Birthplace Germany			
Mother's Maiden Name Moria Duck				Mother's Birthplace Russia			
Name of person giving In formation Gustav Pluttsch				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Brauche pneumonia	How long	4 days
Immediate	Do	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Raymond Downes
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Ethel E. Limmom

105/11

Died at

Denton

Town

Caroline

County

MARYLAND

Date 19 5 Oct 28 | Age 6 7.28 | Native of | Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

• Female

~~Colored~~

Single

Widow~~Number of children living~~

Husband of

Wife

Father's

Name

George A. Limmom

Mother's

Maiden Name

Rosa L. Carter

Cause of { Primary

Death { Immediate

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

